

## APPLICANT QUESTIONNAIRE

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please check ☐ any of the following areas in which you can teach (paid or volunteer experience).**

Arts/Crafts \_\_\_\_\_ Fine Arts \_\_\_\_\_ Pottery \_\_\_\_\_ Nature Camps \_\_\_\_\_

- Sports (check each that applies)

Soccer \_\_\_\_\_ Gymnastics \_\_\_\_\_ Softball \_\_\_\_\_

Football \_\_\_\_\_ Basketball \_\_\_\_\_ Baseball \_\_\_\_\_

Tennis \_\_\_\_\_ Volleyball \_\_\_\_\_ Lacrosse \_\_\_\_\_

T-ball \_\_\_\_\_ Street Hockey \_\_\_\_\_ Other, list: \_\_\_\_\_

- Dance/Fitness (check ☐ each that applies):

Ballet \_\_\_\_\_ Tap \_\_\_\_\_ Jazz \_\_\_\_\_ Modern \_\_\_\_\_ Hip Hop \_\_\_\_\_ Cardio/Aerobics \_\_\_\_\_

- \_\_\_\_\_ Games Examples: \_\_\_\_\_

- \_\_\_\_\_ Nature Examples: \_\_\_\_\_

- \_\_\_\_\_ Drama Examples: \_\_\_\_\_

**What languages can you speak? (Indicate fluency)**

\_\_\_\_\_

**Circle the age groups you have experience working with: K-2<sup>nd</sup> 3<sup>rd</sup>-6<sup>th</sup> Teens Challenged Youth**

**Circle the age groups you prefer working with: K-2<sup>nd</sup> 3<sup>rd</sup>-6<sup>th</sup> Teens Challenged Youth**

**Are you interested in working with individual children who are mentally or physically challenged?**

\_\_\_\_\_ No \_\_\_\_\_ Yes List any experience in this area: \_\_\_\_\_

**Are there any dates between June 20 and August 5 when you will not be available for work?**

\_\_\_\_\_ No \_\_\_\_\_ Yes Please explain: \_\_\_\_\_

***Candidates under the age of 18 who are selected for employment are required to obtain a work permit.***

Does this apply to you? \_\_\_\_\_ Yes \_\_\_\_\_ No ***Candidates selected for employment will be fingerprinted***

Do you have a valid driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No Driving experience? \_\_\_\_\_ Number of years

Are you CPR certified? \_\_\_\_\_ No \_\_\_\_\_ Yes Exp. Date: \_\_\_\_\_

Are you First Aid certified? \_\_\_\_\_ No \_\_\_\_\_ Yes Exp. Date: \_\_\_\_\_

***Candidates selected for employment will be required to be CPR and First Aid certified. (Classes MAY be offered)***

**List three references (indicate if personal or professional):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Personal or Professional

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